

Department of Public Health and Human Services	<b>SECTION:</b> Agency
COMMUNITY SERVICES BLOCK GRANT	<b>SUBJECT:</b> Needs Assessment

The state must prepare and submit an application and State plan covering a period of at least one fiscal year, but no more than two (Section 676). Human Resource Development Councils (HRDCs) must provide the assurances and other information required in the State's application and work plan. In accordance with our State Plan's assurance (11), the Department has included an example of a Community Needs Assessment Survey Tool Template.

A Community Needs Assessment (CNA) is a comprehensive assessment of poverty conditions as well as available resources to eliminate poverty based on current published information and the HRDC's own assessment.

HRDCs must conduct a CNA and issue a report once every 3 years. (Organizational Standard 3.1).

At a minimum the CAN must:

- Be a dated, written document labeled as a "Needs Assessment",
- Include partners reported in National Performance Indicator 4,
- List data sources and methods,
- List findings and priorities,
- Describe how priorities are addressed,
- Be included in the HRDC strategic planning process, and
- Follow IM138 Organizational Standards 1.2, 2.2, and 3.1-3.5 which state an organization must:
  - Analyze information collected directly from low-income individuals as part of the CNA. (1.2)
  - Utilize information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. (2.2)
  - Collect and include current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s). (3.2)

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

- Collect and analyze both qualitative and quantitative data on its geographic service area(s) in the community assessment. (3.3)
- Include key findings on the causes and conditions of poverty and the needs of the communities assessed. (3.4)
- Obligate the governing board to formally accept completed CNA. (3.5)

**EXAMPLE OF SURVEY TOOL COMPONENT****HOUSEHOLD AND COMMUNITY CONCERNS:**

**HOUSEHOLD CONCERNS** – Please rate the extent to which each of the problems below *personally concerns you and your household*.

	<b>Not a current problem</b>	<b>Is a <b>mild</b> problem</b>	<b>Is a <b>moderate</b> problem</b>	<b>Is a <b>severe</b> problem</b>
Obtaining a stable, reliable place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to afford heat and electricity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting someone to watch over children or other dependents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having reliable, convenient transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see a doctor when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to obtain medicine as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough food for everyone in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to meet with a counselor or psychotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting necessary dental care for everyone in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting vision needs (glasses or other eye care) met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you have other needs or concerns not listed above, what are they?				

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**COMMUNITY CONCERNS** – Besides concerns that affect you directly, we are interested in your perceptions about what types of services are most in demand among people of need in the community in general. From the list below, please select the **three** services that you think are most needed in the community, and **rate them from 1 to 3**, with “1” being the most important.

- |   |  |
|---|--|
| <input type="checkbox"/> Housing                            | <input type="checkbox"/> Senior home repair              |
| <input type="checkbox"/> Transportation                     | <input type="checkbox"/> Senior/disabled programs        |
| <input type="checkbox"/> Drug and alcohol treatment         | <input type="checkbox"/> Heating and home weatherization |
| <input type="checkbox"/> Family & relationship counseling   | <input type="checkbox"/> Financial management education  |
| <input type="checkbox"/> Parental education classes         | <input type="checkbox"/> Job training & education        |
| <input type="checkbox"/> Child care & after school programs | <input type="checkbox"/> Prescription drug assistance    |
|   | <input type="checkbox"/> Doctor and hospital services    |

**EMPLOYMENT & INCOME:****EMPLOYMENT STATUS-**

<u>Yourselves</u>	<u>Spouse or Partner (if applicable)</u>	
<input type="radio"/>	<input type="radio"/>	Working full-time
<input type="radio"/>	<input type="radio"/>	Working part-time
<input type="radio"/>	<input type="radio"/>	Homemaker
<input type="radio"/>	<input type="radio"/>	Not employed but looking
<input type="radio"/>	<input type="radio"/>	Not employed, not looking
<input type="radio"/>	<input type="radio"/>	Full-time student
<input type="radio"/>	<input type="radio"/>	Retired
<input type="radio"/>	<input type="radio"/>	Other: _____
<input type="radio"/>	<input type="radio"/>	Other: _____

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

Occupation(s) of each wage earner for household:

Primary earner: \_\_\_\_\_

Secondary earner: \_\_\_\_\_

Third earner: \_\_\_\_\_

Fourth earner: \_\_\_\_\_

Are you interested in starting your own business?

☐ No☐ Yes

(if yes) Would you be interested in information and assistance to start your own business?

☐ No☐ Yes**ANNUAL GROSS HOUSEHOLD INCOME (Before Taxes)** – Please mark one.

- ☐ Under \$3,000
- ☐ \$3,000 - \$5,999
- ☐ \$6,000 - \$9,999
- ☐ \$10,000 - \$14,999
- ☐ \$15,000 - \$19,999
- ☐ \$20,000 - \$24,999
- ☐ \$25,000 - \$50,000
- ☐ Over \$50,000

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**SOURCES OF YOUR HOUSEHOLD INCOME** – Please mark all that apply to your household.

- |  |  |
|--|--|
| <input type="checkbox"/> Wages           | <input type="checkbox"/> Social Security Insurance   |
| <input type="checkbox"/> Interest        | <input type="checkbox"/> Unemployment Insurance      |
| <input type="checkbox"/> Self-Employed   | <input type="checkbox"/> Retirement Accounts/Pension |
| <input type="checkbox"/> Child Support   | <input type="checkbox"/> TANF Cash                   |
| <input type="checkbox"/> Veteran Affairs | <input type="checkbox"/> Workman's Compensation      |
| <input type="checkbox"/> Alimony         | <input type="checkbox"/> Other: _____                |

If you or someone in your household is seeking employment or wish to advance to a better paying job, what are the biggest barriers to finding a job? Mark all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> High level of competition            | <input type="checkbox"/> Mental Health Issues                            |
| <input type="checkbox"/> Lack of education                    | <input type="checkbox"/> Medical reasons                                 |
| <input type="checkbox"/> Lack of experience                   | <input type="checkbox"/> Lack of jobs in field of expertise              |
| <input type="checkbox"/> Lack of job skills                   | <input type="checkbox"/> Cultural background                             |
| <input type="checkbox"/> Need transportation                  | <input type="checkbox"/> Employer attitudes                              |
| <input type="checkbox"/> Need flexible hours                  | <input type="checkbox"/> Unable to get child care                        |
| <input type="checkbox"/> Wages too low for needs              | <input type="checkbox"/> Unable to get adult care                        |
| <input type="checkbox"/> Not sure best ways to search for job | <input type="checkbox"/> Discrimination (age, race, personal appearance) |
| <input type="checkbox"/> Discouraged job seeker               | <input type="checkbox"/> Other (explain) _____                           |

**HEALTH INSURANCE:**

Are you or any member of your household on Medicaid?

- ☐ Yes  
☐ No

Do you have medical insurance (not including Medicaid)?

- ☐ Yes  
☐ No

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

Are your children covered under your medical insurance?

- ☐ Yes
- ☐ No
- ☐ (Not applicable)

Is your medical insurance paid for by your employer?

- ☐ Yes
- ☐ No
- ☐ (Not applicable)

What is the cost of your out-of-pocket monthly medical insurance for your entire family?

- ☐ Under \$50
- ☐ \$51 – \$100
- ☐ \$101 – \$150
- ☐ \$151 – \$200
- ☐ Over \$200

**CHILD & ADULT CARE:**

Which, if any, of the following services would you like greater assistance acquiring? (please check all that apply)

- ☐ Affordable child care
- ☐ Special needs child care
- ☐ After school programs
- ☐ Evening/weekend child care
- ☐ Elderly/adult care services

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**SENIOR/DISABLED:**

If you are 60 years of age or older, handicapped or disabled, do you have trouble with any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Yard work  | <input type="checkbox"/> Driving          | <input type="checkbox"/> Feelings of loneliness              |
| <input type="checkbox"/> Exterior maintenance                               | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Feelings of depression              |
| <input type="checkbox"/> Interior household chores                          | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Coping with the loss of a loved one |
| <input type="checkbox"/> Scheduling doctor or physical therapy appointments | <input type="checkbox"/> Other: _____     |  |

**TRANSPORTATION:**

Do you have a valid driver's license?

- ☐ Yes  
☐ No

Do you have a car or truck in working condition?

- ☐ Yes  
☐ No

**HOUSING:**

**HOUSING TYPE** - Please mark one that best describes your living situation.

- |  |   |
|--|---|
| <input type="radio"/> Residential House                  | <input type="radio"/> Motel or Hotel        |
| <input type="radio"/> Condo/Townhouse                    | <input type="radio"/> Living with Relatives |
| <input type="radio"/> Modular/manufactured home          | <input type="radio"/> Living with Friends   |
| <input type="radio"/> Mobile Home/Trailer                | <input type="radio"/> Living on street      |
| <input type="radio"/> Apartment                          | <input type="radio"/> Living in vehicle     |
| <input type="radio"/> Retirement home or assisted living | <input type="radio"/> Other: _____          |

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

Do you own or rent?

- ☐ Own  
☐ Rent

Monthly cost of housing: \$\_\_\_\_\_

If renting, do you receive assistance with rent?

- ☐ Yes  
☐ No

Number of moves in the past 4 years?

- ☐ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5+

If you have had problems finding adequate housing, what were they? (Mark all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Unaffordable rent/mortgage         | <input type="checkbox"/> Utility hookups/deposits | <input type="checkbox"/> Poor condition of house |
| <input type="checkbox"/> Unaffordable down payment          | <input type="checkbox"/> Utility cost too high    | <input type="checkbox"/> Location of house       |
| <input type="checkbox"/> First and last month rent required | <input type="checkbox"/> Little or no insulation  | <input type="checkbox"/> Rental contract terms   |
| <input type="checkbox"/> Security/damage deposit            | <input type="checkbox"/> Poor heating system      | <input type="checkbox"/> No pets allowed         |
| <input type="checkbox"/> Landlord or seller discrimination  | <input type="checkbox"/> Poor credit              | <input type="checkbox"/> No smoking allowed      |
| <input type="checkbox"/> Other Specify: _____               |   |  |

Please mark the statement below that best describes the condition of your present residence:

- ☐ No repairs needed  
☐ Minor repair needed  
☐ In need of serious repair but safe  
☐ Hazardous



**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

How satisfied are you with your current residence?

- ☐ Extremely unsatisfied
- ☐ Somewhat unsatisfied
- ☐ Neither satisfied nor unsatisfied
- ☐ Somewhat satisfied
- ☐ Extremely satisfied

How many bedrooms does your residence have? \_\_\_\_\_

How many bedrooms does your family need? \_\_\_\_\_

Have you been homeless at any time during the past year?

☐ No

☐ Yes



If yes, how long? \_\_\_\_\_

Where did you receive assistance, if any?

- |   |   |
|---|---|
| <input type="checkbox"/> Relative or friend | <input type="checkbox"/> Rescue Mission                     |
| <input type="checkbox"/> Food Bank          | <input type="checkbox"/> Domestic Violence Shelter          |
| <input type="checkbox"/> Church             | <input type="checkbox"/> Human Resource Development Council |
| <input type="checkbox"/> Salvation Army     | <input type="checkbox"/> Other: _____                       |

**UTILITIES:**

Have you had your power turned off or received a shutoff notice in the past year?

☐ Yes

☐ No

Are you enrolled in a "budget billing" program with your utility company?

☐ Yes

☐ No

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

On average, how much do you pay per month for heat and electricity (if included in your rent, please write "0"):

\$ \_\_\_\_\_

How, if at all, do you use wood as a heating source?

- ☐ Not at all
- ☐ As a supplementary heat source
- ☐ As the main heat source

Have you had difficulty starting up utility services because of high deposit fees?

- ☐ Yes
- ☐ No

How would you rate the insulation and weather resistance of your current residence?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

Would you like information on how to save energy?

- ☐ Yes
- ☐ No

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**FOOD NEEDS:**

Please indicate whether the following statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household **OVER THE PAST 12 MONTHS**.

The food that my household bought just didn't last, and we didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

My household couldn't afford to eat balanced meals.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ No
- ☐ Yes

↳ (If "yes" to previous question) How often did this happen — almost every month, some months but not every month, or in only 1 or 2 months?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ No
- ☐ Yes

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- ☐ No  
☐ Yes

**PROGRAMS:**

Please mark all of the following programs that your household currently participates in:

- |  |   |
|--|---|
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Food Banks                     |
| <input type="checkbox"/> Supplemental Security Income (SSI)                          | <input type="checkbox"/> Head Start                     |
| <input type="checkbox"/> Domestic Abuse  | <input type="checkbox"/> Early Head Start               |
| <input type="checkbox"/> Food Stamps   | <input type="checkbox"/> Free or reduced school lunches |
| <input type="checkbox"/> Commodities   | <input type="checkbox"/> WIA Adult/Youth                |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) formally AFDC |   |

**COMMUNITY ACTION/HRDC SERVICES:**

Please mark all of the programs that your family has participated in within the past 12 months:

- |  |  |
|--|--|
| <input type="checkbox"/> Help with employment/training services              | <input type="checkbox"/> Rental Assistance                     |
| <input type="checkbox"/> WIC (Women, Infants and Children)                   | <input type="checkbox"/> Child Care Assistance                 |
| <input type="checkbox"/> Help with home heating                              | <input type="checkbox"/> Small Business Loan Program           |
| <input type="checkbox"/> Weatherizing your home                              | <input type="checkbox"/> Emergency help with utilities or rent |
| <input type="checkbox"/> WoRC (Work Readiness Component) for TANF Recipients | <input type="checkbox"/> Energy Assistance (LIEAP)             |
| <input type="checkbox"/> Other (Please describe): _____                      |  |

If you have used any of the above Community Action/HRDC services during the past year, please answer the following questions:

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

Are you more or less dependent upon social programs to get by than you were a year ago?

- ☐ More dependent
- ☐ Less dependent
- ☐ About the same

Do you believe the programs have helped improve the conditions in which you live?

- ☐ Yes
- ☐ No

Were you treated fairly and professionally by the HRDC staff when you applied for services or referral?

- ☐ Yes
- ☐ No

If you have any suggestions for ways that HRDC staff could better provide services to the people who need them, what would you suggest?

**RESPONDENT & HOUSEHOLD INFORMATION:**

**City/Town of Residence:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**MARITAL STATUS:**

- ☐ Single
- ☐ Married
- ☐ Living as married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

**RACE:**

- ☐ White/Caucasian
- ☐ Native American
- ☐ Hispanic
- ☐ African American
- ☐ Asian
- ☐ Other: \_\_\_\_\_

**SIZE & AGES OF HOUSEHOLD:**

What is your age? \_\_\_\_\_

Please list the ages of all other  
adults, including children over 18,  
living in your household:

\_\_\_\_\_

Please list the ages of each child  
under 18 living in your household:

\_\_\_\_\_

**SEX:**

- ☐ Female
- ☐ Male

**SECTION:**

Agency

**SUBJECT:**

Needs Assessment

**HIGHEST LEVEL  
OF EDUCATION:**

Have any grade/high school children  
in your household dropped out of  
school within the past twelve  
months?

☐ No

☐ Yes ⇒ reason:

<u>Yourself</u>	<u>Spouse or Partner (if applicable)</u>	
<input type="radio"/>	<input type="radio"/>	8 <sup>th</sup> grade or less
<input type="radio"/>	<input type="radio"/>	Some high school
<input type="radio"/>	<input type="radio"/>	High school grad. or GED
<input type="radio"/>	<input type="radio"/>	Vocational/trade school
<input type="radio"/>	<input type="radio"/>	Some college
<input type="radio"/>	<input type="radio"/>	College graduate or higher

**DISABILITIES:**

If any members of your household have disabilities, please specify  
their ages and disabilities:

---



---